U.S. Agency for International Development

Bureau for Global Health

COUNTRY PROFILE

HIV/AIDS

NEPAL

The first case of HIV was reported in Nepal in 1988, and, according to UNAIDS, in less than 15 years, nearly 60,000 people have become infected. In the past two years, the epidemic has been reclassified from a low prevalence epidemic to one that is concentrated (i.e., prevalence consistently exceeds 5 percent in one or more population groups).

Estimated number of Adults and Children Living with HIV/AIDS (end 2001)	58,000
Total Population (2001)	23.6 million
Adult HIV Prevalence (end 2001)	0.2%
HIV-1 Seroprevalence in most at-risk groups	
Female sex workers in Kathmandu Valley	15.7%
Intravenous drug users in Kathmandu Valley	68.0%
Returned migrants from Mumbai, India	8–10%
Population not at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	0.2%

Sources: UNAIDS, U.S. Census Bureau, MoH 2000

If current trends continue, it is predicted an epidemic will occur within the general population, and in the absence of effective interventions, according the national Ministry of Health, AIDS will become the leading cause of death among Nepal's 15- to 49-year-olds in the next 10 years. This means that 100,000 to 200,000 young adults will become infected, and overall, 10,000 to 15,000 annual AIDS cases and deaths may be expected. In 2002, among the general population, prevalence is reported at 0.5 percent, up from 0.2 percent in 2000.

The people most at risk are sex workers and their clients, injecting drug users and their sexual partners, and people who migrate to India to seek work. Sexual transmission remains the primary mode of infection. UNAIDS reports that prevalence among sex workers is 3.9 percent nationwide and 36.2 percent in the Kathmandu Valley. Among injecting drug users in Kathmandu, HIV rates have risen from 2.2 percent in 1995 to approximately 50 percent in 1998, and to an estimated 68 percent in 2002.

The government of Nepal estimates that approximately 1 million Nepali men work in India, and many more will do so in coming years. Many of these migrant workers contract HIV/AIDS in India and unknowingly transmit it to their wives when they make return visits to Nepal. A 2001 survey of men returning from Mumbai, for example, revealed an HIV infection rate of 10 percent.

Most infected Nepalis do not know they are infected and many of them may be engaging in unsafe sexual practices. Pervasive stigma and discrimination will prevent these people and others in at-risk groups from practicing safer sex, undergoing testing, and, if they know they are infected, from seeking treatment and care.

Map of Nepal: PCL Map Collection, University of Texas

NATIONAL RESPONSE

The government since 1987 has addressed HIV and AIDS through a variety of government projects; however, high-level government support for AIDS

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activities was not strong until December 5, 2000, when the late Crown Prince Dipendra Bir Bikram Shah Dev made a public show of royal support for HIV prevention efforts.

The prime minister declared that 2002 would be the pivotal year for Nepal to fight HIV/AIDS, and in July 2002 the government finalized a new five-year HIV/AIDS strategy and established a formal mechanism to coordinate the work of international donors. The strategy is expected to focus on better prevention, control, care and support, and voluntary counseling and testing efforts to stop the spread of HIV into the general population. The strategy emphasizes prevention as the mainstay for an effective response and it highlights the need to provide care and support for people infected and affected by HIV/AIDS.

USAID SUPPORT

The United States Agency for International Development (USAID) has contributed more than $10 million to HIV/AIDS work in Nepal since 1993. In 2000, it joined the Ministry of Health and other donors to form the "Nepal Initiative" to institute a larger, coordinated response to the growing risk of HIV. USAID projects sponsored through Family Health International, The POLICY Project and Population Services International form the basis for U.S. contributions to the initiative. The initiative emphasizes harm- and risk-reduction measures for those most at risk (i.e., sex workers, their clients, and injecting drug users), and an expanded national response to include additional groups, such as labor migrants and their families.

The USAID 2001–2006 strategy for HIV/AIDS work in Nepal closely follows the strategic plan of His Majesty's government, and will continue to focus on primary prevention (condom promotion and sexually transmitted infection treatment) targeted to the most at-risk groups in border areas. The Mission has also chosen to expand these activities into the Kathmandu Valley, the Western border with India, and the western hill districts where the incidence of HIV/AIDS is increasing.

In the 2002 program, USAID funded activities to promote HIV/AIDS behavior change interventions and condom use among at-risk groups in the Kathmandu Valley and along the southern border with India, and among migrant worker communities in the midwestern and far western regions. Fiscal year 2003 funds will be used to continue these activities; expand HIV prevention activities to include testing, counseling, and treatment activities; and foster the private-sector delivery of HIV prevention services.

USAID's work in Nepal covers a wide geographic area and aims at populations most at risk. Its efforts will focus on three fronts. The first will work at the national level with the Ministry of Health and nongovernmental organizations to implement a national intervention effort. The second front aims to improve access to information and prevention services. It will work in the 22 border districts with India, the three municipalities in the Kathmandu Valley, the cities of Pokara and Dharan in the middle and eastern regions, and in at least three far western hill districts where the main Mumbai migration occurs. The third front, improving access to care and support, will concentrate initially in the urban centers, but will expand to reach the five regional centers and hilly areas that have the highest levels of migration to Mumbai.

Advocacy

Policymakers who understand HIV prevention and care can be critical players for advocating and supporting national and local programs. They can bring down barriers that fellow policymakers or ministries may have erected to hinder programs, and they can advocate for better funding. USAID is assisting the Nepal government to incorporate HIV/AIDS awareness and stigma reduction messages into all ministries, USAID programs, and other donor projects.

Behavior change communication

The main groups targeted for behavior change with USAID funds are sex workers and their clients, such as migrant laborers, transport workers, and other men away from home. Other at-risk groups such as young people, men who have sex with men and intravenous drug users, will also be included in the behavior change plan. New and expanded programs to promote and maintain risk-reduction behaviors will include these components:

- Sustained interpersonal communication with vulnerable individuals through outreach and peer communication;
- Opening of "safe spaces," such as drop-in centers, tea stalls, or similar locations where HIV prevention and counseling can be conducted; and
- Drama, video shows, pamphlets, media, face-to-face counseling, and discussion groups.

These basic components will be adapted to the specific needs of different targeted groups and in different geographic locations. Because feedback is an important mechanism for improving these efforts, monitoring and evaluation at selected times will be incorporated in the information campaigns.

Community-based organizations

Local organizations are in the best position to carry out HIV prevention and care activities, but a major constraint to stepping up the national response is that they are few and not strong enough to adequately respond to the epidemic. USAID has been working with 26 such organizations in the central and eastern districts and will continue to work with national officials and other donors to identify more of these organizations in other districts and make them stronger.

Condom social marketing

The USAID/Nepal program aims to reduce HIV/AIDS transmission by increasing last-time condom use in all intervention sites to at least 90 percent by 2006. Population Services International launched a new behavior change communication campaign in July 2002 targeted to the most at-risk groups, including female sex workers, clients of sex workers, migrant workers, truckers, military and police, injecting drug users, and others. The cornerstone of the new strategy will be the launch of a new condom brand in December 2002 targeted to appeal to young adults, and will thereby effectively reach most at-risk groups. The social marketing strategy also involves the launch of a franchised network of private health care providers to deliver HIV/AIDS prevention products, services, and information, including prepackaged therapy for treatment of sexually transmitted infections, particularly for women. Franchised voluntary counseling and testing centers and marketing of the female condom are also being considered. The new strategy will capitalize on information campaigns that were conducted during the past five years by Family Health International.

In addition, Population Services International and Family Health International launched a national advocacy campaign, "Let's Talk About HIV/AIDS Today," with the Government of Nepal. Kicked off during the opening of the World Cup match, the high-profile campaign stars local celebrities and athletes, and a person living with HIV/AIDS. The campaign includes discussions about transmission, condom use for prevention, and stigma reduction.

Multisectoral programs

The private sector in Nepal is becoming aware of the issues around HIV/AIDS. A prominent private sector leader is now an advisor to the national AIDS center. The five-star hotels of Kathmandu have adopted a policy and agreed to hire persons infected with HIV, and a truckers association is supporting services to prevent and treat sexually transmitted infections among its 2,500 members. These few initial programs have shown the private sector is aware and willing to work with the government to combat HIV. With funding from USAID, Population Services International will use this awareness as a foundation to increase private sector involvement in HIV/AIDS initiatives.

Surveillance

Second-generation surveillance systems will be expanded to cover target groups and geographic areas where an information deficit exists. USAID will work with Nepali authorities to standardize data collection and quality, and to disseminate results. This activity will be implemented through Family Health International, which will provide technical assistance in the design of the surveillance systems, as well as assistance to implement and monitor the surveillance.

Surveillance activities will be expanded to include laboratory upgrading. USAID programs provide training opportunities for laboratory workers and support for mobile clinics that treat sexually transmitted infections, particularly among at-risk

population groups. With time, it is expected that USAID support will be used to establish voluntary counseling and testing centers in the five zonal hospitals.

Women and children

The USAID Mission will continue to use resources designated for HIV/AIDS activities to reduce the trafficking of women and children, who are vulnerable to HIV infection. These activities will be concentrated in border areas and closely linked to other antitrafficking programs in Nepal.

For more information

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For more information, see www.usaid.gov/pop/aids or www.synergyaids.com.

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